

BEST AVAILABLE COPY

PTO/SB/01 (10-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	SWRI-2966-03	
	First Named Inventor	VAN DYKE, et al.	
	COMPLETE IF KNOWN		
	Application Number	10/626,907	
	Filing Date	07/25/2003	
	Art Unit	Not Yet Assigned	
		Examiner Name	Not Yet Assigned

☐ Declaration Submitted with Initial Filing
 OR
☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Bioactive Coating for Medical Devices

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

07/25/2003

as United States Application Number or PCT International

Application Number **10/626,907**

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number or Bar Code Label 23770		OR <input type="checkbox"/> Correspondence address below	
Name PAULA D. MORRIS & ASSOCIATES, P.C.					
Address 10260 WESTHEIMER, SUITE 360					
City HOUSTON			State TX		ZIP 77042-3110
Country USA		Telephone (713) 334-5151		Fax (713) 334-5157	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR :			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) MARK			Family Name or Surname VAN DYKE		
Inventor's Signature <i>Mark Van Dyke</i>					Date 11/5/03
Residence: City FAIR OAKS RANCH		State TEXAS		Country USA Citizenship US	
Mailing Address 8507 PERCHERON CIRCLE					
City FAIR OAKS RANCH		State TEXAS		ZIP 78015 Country USA	
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) ARLENE J.			Family Name or Surname SILLER-JACKSON		
Inventor's Signature					Date
Residence: City HELOTES		State TEXAS		Country USA Citizenship US	
Mailing Address 11635 GULF STATION					
City HELOTES		State TX		ZIP 78023 Country USA	
<input type="checkbox"/> Additional inventors are being named on the ____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number or Bar Code Label		23770		OR <input type="checkbox"/> Correspondence address below	
Name PAULA D. MORRIS & ASSOCIATES, P.C.							
Address 10260 WESTHEIMER, SUITE 360							
City HOUSTON				State TX		ZIP 77042-3110	
Country USA			Telephone (713) 334-5151			Fax (713) 334-5157	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR :				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
MARK				VAN DYKE			
Inventor's Signature						Date	
Residence: City FAIR OAKS RANCH			State TEXAS		Country USA		Citizenship US
Mailing Address 8507 PERCHERON CIRCLE							
City FAIR OAKS RANCH			State TEXAS		ZIP 78015		Country USA
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
ARLENE J.				SILLER-JACKSON			
Inventor's Signature 						Date 11/14/03	
Residence: City HELOTES			State TEXAS		Country USA		Citizenship US
Mailing Address 11635 GULF STATION							
City HELOTES			State TX		ZIP 78023		Country USA
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							